

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019795

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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BEST AVAILABLE COPY

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IND. CLAIMS
DEP. CLAIMS

TOTAL
IND. CLAIMS
DEP. CLAIMS

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS